FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N27608

SEMINOLE BOOSTERS OF INDIAN RIVER, INC.

Principal Place of Busine
P.O. BOX 7304
MEDO DEACH EL 20001

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

Mailing Address

P.O. BOX 7304

VERO BEACH FL 32961

2a. Mailing Address

City & State

27

Suite, Apt. #, etc.

May 04, 1999 8:00 am Secretary of State

05-04-1999 90121 011 ****61.25

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3. Date Incorporated or Qualifed

07/27/1988

65-0055529

4. FEI Number

23	•	28			Fee Required	1	
Zip	Country	Zìp	Country	6. Election Campaign Financing	\$5.00 May f	3e	
24	25	29	30	Trust Fund Contribution	Added to Fee	s	
	9. Name and Address of Current F	Registered Agent		10. Name and Address of New Reg	istered Agent		
			81 Name	KEVIN SWORDS			
CHNUPA, 455 19TH				4765 875 PL:	») 		
VERO BEA	ACH FL 32960		83	-		}	
,			84 City	VERO BEACH	FL 85 Zip Code 2296	6	
44 Dumunt	to the excisions of Sections 617.0502	and 617 1508 Florida Statu	tes the shove-named c	comoration submits this statement for the ou	roose of changing its regist	ered	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered Agent signature rec		DATE 77		
12.	. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC			
TITLE ,	VP	☐ DELETE	1.1 TITLE		☐ Change ☐	Addition	
NAME	SCHLITT, JEFF		1.2 NAME	<i>:</i> .	•	ĺ	
STREET ADDRESS	1364 33RD AVENUE S W		1.3 STREET ADDRESS				
CITY-ST-ZIP	VERO BEACH FL 32968		1.4 CITY-ST-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE	PRESIAEN P	X Change □	Addition	
NAME	SWORDS, KEVIN		2.2 NAME	KEVIN SWORDS			
STREET ADDRESS	4765 8TH PLACE		2.3 STREET ADDRÉSS	4762 8.010		}	
CITY-ST-ZIP	VERO BCH. FL 32966		2. 4 CITY-ST-ZIP	VERO BEACH FL 32966			
TITLE	T :	DELETE	3 1 TITLE	+ , ,	Change 🔀	Addition	
NAME	PAIGE, JIM		3.2 NAME	OWEN KYSER			
STREET ADDRESS	3525 OCEAN DRIVE		3.3 STREET ADDRESS	4380 2 nd SQ 5.W.			
CITY-ST-ZIP	VERO BEACH FL 32963		3.4. CITY-ST-ZIP	VERO BEACH, FL 32968	<u> </u>	6.1.00	
TITLE	D .	□ DELETE	4.1 TTLE	D , , ,	Change	Addition	
NAME	YENCHO, JOHN			JOHN YENCHO			
STREET ADDRESS				1844 26+5AVE.			
CITY-ST-ZIP	VERO BEACH FL 32960		4.4 CITY-ST-ZIP	VERO BEACH, FL 32960		A a atter-	
TITLE	D	DELETE	■ 61 TM F	CAROLYN SUCADS	Change .	Addition	
NAME	STEER, LINDA		1	4765 8th PL.			
STREET ADDRESS			5.3 STREET ADDRESS	1 . A		٠,	
CITY-ST-ZIP	VERO BEACH FL 32966			VERO BEACH FL 32966		A al al(47	
TITLE	D	☐ DELETE	6.1 TITLE	D. Ally STORAGE	& Change	Addition	
NAME "	STANTON, LINK			UNK STANTON 316 1945 AVENUE		i	
STREET ADDRESS	316 19TH AVENUE		. 6.3 STREET ADDRESS		•		
CITY-ST-ZIP	VERO BEACH FL 32962		6.4 CITY-ST-ZIP	VERO BEACH FL 3296	2		
14. I hereby	certify that the information supplied with	this filing does not qualify f	or the exemption stated	in Section 119.07(3)(i) Florida Statutes. I fu	orther certify that the inform	ation	

officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Applied For

\$8.75 Additional

Not Applicable